

POS. TION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	TP	JC1175	10/31/01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	✓ 10/30/02
2	✓ 10/30/02
3	✓ 10/30/02
4	✓ 10/30/02
5	✓ 10/30/02
6	✓ 10/30/02
7	✓ 10/30/02
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43	✓ 10/30/02
44	✓ 10/30/02
45	✓ 10/30/02
46	✓ 10/30/02
47	✓ 10/30/02
48	✓ 10/30/02
49	✓ 10/30/02
50	✓ 10/30/02

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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10/31/01